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ABSTRACT

Self-destructiveness can be viewed in two ways: as performing an act which one knows cognitively is not conducive to one's welfare but nonetheless leads to some pleasurable affect (e.g., overeating, smoking); or not performing an act one knows one should perform but which has some negative affective consequences (e.g., dental checkups, saving money). While there is no proof that self-destructive behaviors are interrelated, research in such areas as risk-taking, non-compliance with medical treatment, inability to delay gratification, and preference for delayed punishment indicates the possibility of some relationship. Since individual differences in such tendencies constitute a personality dimension of potential interest, an instrument is needed to identify a generalized syndrome of chronic self-destructiveness. With 12 samplings totaling 803 subjects, a 73-item measure of chronic self-destructiveness was developed and evaluated in a series of reliability and construct validity studies. Reliability of internal consistency was established with alpha coefficients ranging from .73 to .97, and a test-retest consistency ranging from .90 to .98. Chronic self-destructiveness was found to be positively related to external locus of control, negatively related to Type A coronary-prone behavior, and unrelated to need for achievement. (The instrument and scoring key, and a figure depicting the theoretical components of chronic self-destructiveness are included.) (DPO)

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Conceptualizing Chronic Self-Destructiveness

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Conceptualizing Chronic Self-Destructiveness

In two related attempts to formulate specific mediators of personality functioning, a two-dimensional representation of affective and informational influences has been described (Byrne & Kelley, 1981). Specific behavioral acts can be located along two bipolar axes for each individual. Affective responses to an act range along a positive-negative emotional dimension. Independently, cognitive assessment of an act ranges along a positive-negative dimension of beliefs associated with expectancies. As shown in Figure 1, the upper right

Insert Figure 1 about here

and lower left quadrants present no predictive difficulties. Whenever the affect and cognitions associated with a given behavior are consistently positive ("satisfying pleasure"), the individual tends to engage in the designated act in response to appropriate stimuli because it will yield pleasurable sensations and result in beneficial consequents. An example of such behavior might be sexual intercourse for a happily married couple who wished to conceive an offspring. In contrast, the combination of negative affect and negative beliefs that are associated with other behaviors ("repugnant evils") lead to avoidance of certain acts. Few people would be expected to do something that is emotionally unpleasant and that also results in unwelcome consequences. An example would be eating a foul-tasting substance that one believes to be a deadly poison.

Of greater psychological interest are the other two quadrants, and the prediction of behavior falling in those areas is a more difficult challenge.

When beliefs and emotions conflict, one sign of maturity is to be able to follow the example of Star Trek's Mr. Spock in reacting logically to what one knows rather than emotionally to what one feels. Many otherwise well-adjusted individuals frequently find themselves reversing these priorities, as did Spock's shipmate, Dr. McCoy. Ideally, however, we seek the wisdom to engage in unpleasant acts that lead to positive benefits ("duties") and to refrain from pleasant acts that result in negative consequences ("sins"). Observationally, we are aware of individual differences in the extent to which people regularly perform duties or neglect them and indulge in sins or resist temptation. That is, some consistently avoid duties (e.g., getting dental check-ups, fastening seatbelts, saving money, preventing unwanted pregnancies) and/or succumb to temptations (e.g., overeating, smoking, consuming too much alcohol, spending beyond their means). In each instance, the behavior seems to be determined by the immediate affective accompaniments of the acts rather than by cognitively mediated projections of future pleasure and pain. Because the long-range negative effects of such behaviors are generally detrimental to the individual's well-being (loss of teeth, poverty, obesity, lung cancer, etc.), the label "chronic self-destructiveness" can be applied to maladaptive response patterns falling in each of these quadrants.

Though it is obvious that some individuals engage in specific acts of chronic self-destructiveness such as those just delineated, it does not necessarily follow that these behaviors are interrelated. That is, the occurrence of discrete maladaptive acts does not automatically indicate the existence of a higher-order personality trait that encompasses a wide variety of neglected duties and indulged sins. Beyond unsystematic anecdotal evidence

of the non-independence of such acts, there are several lines of research that at least suggest the possibility of related traits that might be so labeled. Examples are risk-taking behavior (Chaubey, 1974; Konecni, Ebbesen, & Konecni, 1976; Steiner, 1972), non-compliance with medical treatment (Davis, 1967; Davis & Eichhorn, 1963; Haynes & Taylor, 1972), inability to delay gratification (Mischel, 1961; Mischel & Gilligan, 1964; Roberts & Erikson, 1968), and preference for delayed punishment (Hare, 1966). It should be noted that the identification of a generalized syndrome and its operationalization would facilitate the prediction of diverse and otherwise seemingly independent behaviors.

Individual differences in such tendencies constitute a personality dimension of potential interest. With 12 samples totalling 780 undergraduate subjects (455 females, 325 males) plus 8 clinic patients and 15 businesswomen, a measure of this construct was developed and evaluated in a series of reliability and construct validity studies. By means of internal-consistency item analyses, two cross-validated 52-item measures of chronic self-destructiveness were built for males and females shown in Table 1. Reliability

Insert Table 1 about here

was established with respect to internal consistency (alpha coefficients range from .73 to .97) and temporal consistency over a one-month period (test-retest correlations range from .90 to .98). Chronic self-destructiveness (Kelley, et al., 1985) was found to be positively related to external locus of control (Kelley, Cheung, Rodriguez-Carrillo, Singh, & Wan, 1985, in press), negatively

related to Type A coronary-prone behavior, and unrelated to need for achievement. Individuals high in chronic self-destructiveness, compared to those with low scores, are more consistent in attending scheduled psychotherapy sessions, more likely to report having cheated in courses, more likely to have had traffic violations, more likely to report having gone through a rebellious stage in adolescence, and more likely to postpone obtaining a test for cancer. This scale, then, appears to have both theoretical and applied utility.

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Author Notes

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Table 1

Chronic Self-Destructiveness Scale Items and Scoring Key

Personal Description Scale

On the following pages are 73 statements. It is possible for a statement to be highly characteristic of you, so you would agree very strongly with it. It is also possible for a statement to be not at all characteristic of you, so you would disagree very strongly with it. For each of the following, please respond with a letter A to E to express the degree to which a statement describes you. For each statement, use a pencil to indicate your answer on the computer answer sheet, starting with number one.

A response of A indicates either that the statement is highly characteristic of you or that you very strongly agree with it. A response of E indicates either that the statement is not at all characteristic of you or that you very strongly disagree with it. A response of C can indicate that you're not sure or haven't decided, that the statement is a toss-up for you. Finally, a response of B would indicate somewhat more moderate agreement with the statement than an A; a response of D would indicate somewhat more moderate disagreement with the statement than an E.

Remember: A expresses strongest agreement

B expresses moderate agreement

C indicates that you're unsure or undecided, or that it's a toss-up

D expresses moderate disagreement

E expresses strongest disagreement

[The following response scale is inserted at the top and bottom of each page of the test:

I Strongly Agree : A : B : C : D : E : I Strongly Disagree

For scoring purposes, A=1, B=2, C=3, D=4, E=5.]

1. I like to listen to music with the volume turned as loud as possible.
2. Life can be pretty boring.
3. When I was a kid, I was suspended from school.
4. I usually eat breakfast.
5. I do not stay late at social functions when I must get up early.
6. I use or have used street drugs.
7. I like to spend my free time "messaging around."
8. As a rule, I do not put off doing chores.
9. Riding fast in a car is thrilling.
10. I tend to defy people in authority.
11. I have a complete physical examination once a year.
12. I have done dangerous things just for the thrill of it.
13. I am the kind of person who would stand up on a roller coaster.
14. I do not believe in gambling.
15. I find it necessary to plan my finances and keep a budget.
16. I let people take advantage of me.
17. I hate any kind of schedule or routine.
18. I usually meet deadlines with no trouble.
19. I am familiar with basic first-aid practices.
20. Even when I have to get up early, I like to stay up late.
21. I insist on traveling safely rather than quickly.

22. I have my car serviced regularly.
23. People tell me I am disorganized.
24. It is important to get revenge when someone does you wrong.
25. Sometimes I don't seem to care what happens to me.
26. I like to play poker for high stakes.
27. I smoke over a pack of cigarettes a day.
28. I have frequently fallen in love with the wrong person.
29. I just don't know where my money goes.
30. Wearing a helmet ruins the fun of a motorcycle ride.
31. I take care to eat a balanced diet.
32. Lots of laws seem made to be broken.
33. I am almost always on time.
34. I like jobs with an element of danger.
35. I often walk out in the middle of an argument.
36. Often I don't take very good care of myself.
37. I rarely put things off.
38. I speak my mind even when it's not in my best interest.
39. I usually follow through on projects.
40. I've made positive contributions to my community.
41. I make promises that I don't keep.
42. An occasional fight makes a guy more of a man.
43. I always do what my doctor or dentist recommends.
44. I know the various warning signs of cancer.
45. I usually call a doctor when I'm sure I'm becoming ill.
46. I maintain an up-to-date address/phone book.

47. I sometimes forget important appointments I wanted to keep.
48. I drink two or fewer cups of coffee a day.
49. It's easy to get a raw deal from life.
50. I eat too much.
51. I often skip meals.
52. I don't usually lock my house or apartment door.
53. I know who to call in an emergency.
54. I can drink more alcohol than most of my friends.
55. The dangers from using contraceptives are greater than the dangers from not using them.
56. I seem to keep making the same mistakes.
57. I have my eyes examined at least once a year.
58. I lose often when I gamble for money.
59. I leave on an outdoor light when I know I'll be coming home late.
60. Using contraceptives is too much trouble.
61. I often use non-prescription medicines (aspirin, laxatives, etc.)
62. I do things I know will turn out badly.
63. When I was in high school, I was considered a good student.
64. I have trouble keeping up with bills and paper work.
65. I rarely misplace even small sums of money.
66. I am frequently late for important things.
67. I frequently don't do boring things I'm supposed to do.
68. I feel really good when I'm drinking alcohol.
69. Sometimes when I don't have anything to drink, I think about how good some booze would taste.

- 70. It's really satisfying to inhale a cigarette.
- 71. I like to smoke.
- 72. I believe that saving money gives a person a real sense of accomplishment.
- 73. I like to exercise.

Scoring Key for Chronic Self-Destructiveness

Females: Add responses to items 5, 8, 11, 15, 18, 19, 21, 22, 31, 33, 37, 39, 40, 43, 44, 45, 46, 53, 63.

Reverse Score (1=5, 2=4, 3=3, 4=2, 5=1) and then add responses to items 1, 2, 6, 7, 9, 10, 12, 16, 17, 20, 23, 24, 25, 26, 28, 29, 30, 32, 36, 38, 41, 47, 49, 54, 56, 58, 60, 61, 62, 64, 66, 67, 69.

Total = Chronic Self-Destructiveness Score

Males: Add responses to items 4, 14, 18, 21, 22, 39, 40, 45, 48, 53, 57, 59, 63, 65, 72, 73.

Reverse Score (1=5, 2=4, 3=3, 4=2, 5=1) and then add responses to items 2, 3, 10, 12, 13, 17, 25, 26, 27, 28, 29, 30, 32, 34, 35, 36, 41, 42, 47, 49, 50, 51, 52, 54, 55, 56, 58, 60, 62, 64, 66, 67, 68, 69, 70, 71.

Total = Chronic Self-Destructiveness Score

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Figure 1. Theoretical Components of Chronic Self-Destructiveness.

INFORMATIONAL DIMENSION

Positive Beliefs
and Expectancies

DUTY
(Self-Destructiveness:
Failure to Engage in
Behavior)

SATISFYING
PLEASURE

AFFECTIVE
DIMENSION

Negative
Feelings and
Evaluations

Positive
Feelings and
Evaluations

REPUGNANT
EVIL

SIN
(Self-Destructiveness:
Failure to Resist
Engaging in Behavior)

Negative Beliefs
and Expectancies